

## DENVER POLICE DEPARTMENT VOLUNTEERS IN POLICING UNIT



### Release and Waiver of Liability for Volunteers Denver Police Department

The purpose of this waiver to to establish and understanding between Denver Police Volunteers and the Denver Police Department regarding liability issues.

I want to volunteer my services to the City and County of Denver, Denver Police Department. I certify that I am in good mental and physical condition and I understand the inherent risks associated with acting as a volunteer including the risk of physical injury or death. I understand that these risks may include, but are not limited to, slips and falls, physical activity and exertion, muscle and ligament strains, pulls and tears, abnormalities of blood pressure or cardiac arrest, assault and battery, cuts and punctures from debris, glass, nails, hypodermic needles, wire, rocks, concrete, cans, and other sharp objects. I further understand that I risk aggravating any preexisting physical condition I may have in the performance of these services.

I understand that while my volunteer services will be at the direction of the City and County of Denver, its police officers and police employees, I am nevertheless not an employee of the City and County of Denver within the meaning of the Colorado Workers' Compensation Act at the time of my performance of these volunteer services. I further understand that I am a volunteer and that no employee/employer or master/servant relationship is created between myself and the City and County of Denver or the Denver Police Department and that I will receive no compensation of any kind for my participation as a volunteer and that there is no promise of paid employment or future paid employment. There is no employment contract or other contract of hire between me and the City and County of Denver, Denver Police Department. I acknowledge that the volunteering of time and/or services does not constitute employment for purposes of the Workers' Compensation Act of Colorado and further acknowledge that I am not entitled to benefits of said Act.

In consideration of the City and County of Denver allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge the City and County of Denver from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to me or my property. I assume all risks associated with my participation as a volunteer. I understand that the performance of these volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers, Denver Police officers, police employees, or the public.

Sgt. Matt Murray / Coordinator  
Di Holmes / Administrator  
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Denver, Colorado 80204

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I understand that the City and County of Denver shall not be responsible for loss or theft of personal property, or damage to personal property caused by the City and County of Denver, its employees and officers, other volunteers or the public.

I understand that my participation as a volunteer in this activity is purely an solely voluntary and that I am not an employee, contractor, or representative of the City and County of Denver. I further acknowledge that I am not, and will not function as a Peace Officer or Reserve peace Officer, of any level, or a firefighter, emergency medical technician or civil defense worker. By virtue of my volunteer status, I shall have no powers or abilities greater that as a private citizen to enforce the laws of the State of Colorado.

I hereby acknowledge that I have carefully read this Release and Waiver of Liability for Volunteers, that I fully understand its contents, that I am over the age of 18, and that I am signing this Release and Waiver of Liability for Volunteers voluntarily and intend for it to be legally binding.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_, 200\_\_\_\_  
Signature of Volunteer

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